

SUPERIOR COURT OF ARIZONA
_____ COUNTY

IN THE MATTER OF:)	CASE NO. _____
)	
_____ ,)	PETITION TO AUTHORIZE
a minor)	PHYSICIAN TO PERFORM
)	ABORTION
[Use fictitious name if petitioner)	
has so requested])	
)	
_____)	

I hereby request that this Court enter an order authorizing a physician to perform an abortion without the consent of my parent(s) or guardian or conservator, pursuant to A.R.S. § 36-2152(B).

1. I am _____ years old and my date of birth is _____.
2. I am aware that the Court will appoint an attorney to represent me, at no charge to me, if I so choose.
3. _____ I request that the Court appoint an attorney to represent me in this matter, free of charge; OR

_____ I do not request a court-appointed attorney. I have personally chosen to represent myself, and not be represented by an attorney; OR

_____ I am represented by an attorney, as follows:

Name of attorney _____
Address _____
Telephone number _____

4. I believe I am _____ weeks pregnant or my expected due date is _____.

5. I want to terminate my pregnancy by abortion.
6. ____ I am mature and capable of giving informed consent to the proposed abortion; AND
7. ____ It is in my best interests to have an abortion without the consent of my parent(s), guardian, or conservator.

For the reasons above stated, I respectfully request that this Court authorize a physician to perform an abortion at my request, without the consent of a parent, guardian, or conservator.

DATE: _____

(Petitioner's signature, using true name OR
fictitious name OR initials)